

09/890103

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		10-8-01

INDEX OF CLAIMS

✓ Rejected N
 = Allowed I
 (Through numeral) Canceled A
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
Final Original 1 26/03		Final Original		Final Original	
2	✓	51		101	
3	0	52		102	
4	0	53		103	
5	0	54		104	
6	0	55		105	
7	0	56		106	
8	0	57		107	
9	0	58		108	
10	0	59		109	
11	0	60		110	
12	0	61		111	
13	0	62		112	
14	0	63		113	
15	0	64		114	
16	0	65		115	
17	0	66		116	
18	0	67		117	
19	0	68		118	
20	0	69		119	
21	0	70		120	
22	0	71		121	
23	0	72		122	
24	0	73		123	
25	0	74		124	
26	0	75		125	
27	0	76		126	
28	0	77		127	
29	0	78		128	
30	0	79		129	
31	0	80		130	
32	0	81		131	
33	0	82		132	
34	0	83		133	
35	0	84		134	
36	0	85		135	
37	0	86		136	
38	0	87		137	
39	0	88		138	
40	0	89		139	
41	0	90		140	
42	0	91		141	
43	0	92		142	
44	0	93		143	
45	0	94		144	
46	0	95		145	
47	0	96		146	
48	0	97		147	
49	0	98		148	
50	0	99		149	
		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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